



# AFFIDAVIT OF EXPERIENCE

(Time frame cannot exceed 24 months per affidavit)  
Update fee of \$44.90 required if not submitted with renewal

I, \_\_\_\_\_ affirm and certify that  
*PRINT name of Authorized Electrical Contractor's Representative or approved Training Director*

\_\_\_\_\_ has worked for  
*PRINT name of trainee* *Training Certificate or Social Security No.*

\_\_\_\_\_ in the electrical construction trade  
*PRINT name of company or training program* *UBI or license number*

from \_\_\_\_\_ to \_\_\_\_\_ with ☐ 75% or ☐ 100%  
*Month Day Year Month Day Year* *Check the appropriate level of supervision*

direct supervision under a CERTIFIED journeyman or specialty electrician in the category indicated below for the number of hours shown.

- There can be no errors, whiteouts, alterations or additions on the form and you must submit the original affidavit.
- If the electrical trainee certificate or the electrical contractor license was not active, the department cannot credit hours worked during that time frame and they should not be reported on the affidavit. Use multiple affidavits to separate time frames where a lapse occurred.
- See [WAC 296-46B-920](#) for details on scope-of-work in the electrical specialties. All training hours must be separated and submitted in the proper category. Time frame cannot exceed 24 months per affidavit.
- Work in the (01) category requires supervision by a (01) journeyman electrician in a one-to-one ratio (1 electrician to 1 trainee).
- All specialties require supervision by a certified journeyman electrician or a certified specialty electrician in the appropriate specialty in a two-to-one ratio (2 trainees to 1 electrician).
- If the experience is from out of state you must provide verification that they are from a valid company (i.e. copy of companies license), please see [WAC 296-46B-945](#) (5-8).
- Electrical training hours gained in specialties requiring less than 2 years (4,000 hours) for certification may not be credited towards qualification for the journeyman electrician examination. Please see WAC 296-46B-945 Table 945-1 for more information.

Hours	Category	Hours	Category
_____	(01) (General) Commercial/New Industrial	_____	(07) Nonresidential Maintenance
_____	(02) Residential	_____	(07A) Nonresidential Lighting Maintenance
_____	(03) Pump and Irrigation	_____	(07B) Residential Maintenance
_____	(03A) Domestic Well	_____	(07C) Restricted Nonresidential Maintenance
_____	(04) Signs	_____	(07D) Appliance Repair
_____	(06) Limited Energy System	_____	(07E) Equipment Repair
_____	(06A) HVAC/refrigeration Limited Energy	_____	(10) Door, Gate, and Similar Systems
_____	(06B) HVAC/refrigeration - Restricted		

I hereby certify that the statements on this affidavit are true and accurate to the best of my knowledge.  
(See chapter 19.28 RCW and chapter 296-46B WAC for penalties for false statements or material misrepresentations.)

Date \_\_\_\_\_ Signature of Authorized Electrical Contractor's Representative or approved Training Director

**SIGNATURE MUST BE NOTARIZED**

NOTARY  
SEAL

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE	MY COMMISSION EXPIRES ON
NOTARY PUBLIC IN AND FOR THE STATE OF	RESIDING AT

NOTARY SIGNATURE

I hereby certify that the statements on this affidavit are true and accurate to the best of my knowledge and request that these hours be credited to my electrical training file. I acknowledge that the department may deny this affidavit and subtract up to 2000 hours from my total training hours, if I make a false statement or misrepresentation of my hours on this affidavit.

Date \_\_\_\_\_ Signature of Applicant

**SIGNATURE MUST BE NOTARIZED**

NOTARY  
SEAL

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE	MY COMMISSION EXPIRES ON
NOTARY PUBLIC IN AND FOR THE STATE OF	RESIDING AT

NOTARY SIGNATURE

Approved?	<input type="checkbox"/>	<input type="checkbox"/>	Lapse	From	To	A/C	Initials	Date
	Yes	No	Reason Code					